



MISSOURI DEPARTMENT OF HEALTH  
STATE PUBLIC HEALTH LABORATORY  
**DATAMASTER MAINTENANCE REPORT**

Clay Co. Detention Center, Liberty

Complete this report in duplicate at the time of the regular monthly preventive maintenance check, and whenever instrument is repaired. Send copy to Department of Health; retain original in department file.

DATAMASTER SN <b>204160</b>	DATE OF INSPECTION <b>6/30/2009</b>
LOCATION OF INSTRUMENT (STREET AND CITY) <b>2920 North Shamrock Rd. Jefferson City, MO 65101</b>	TIME OF INSPECTION <b>7:26</b>

**CHECKLIST:** Place a check (✓) to the left of each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unchecked items must be corrected before using instrument.

<input checked="" type="checkbox"/> <b>DIAGNOSTIC CHECK (PRINTOUT ATTACHED)</b>	
<input checked="" type="checkbox"/> <b>COMPUTER</b>	<input checked="" type="checkbox"/> <b>DETECTOR</b>
<input checked="" type="checkbox"/> <b>PROGRAM</b>	<input checked="" type="checkbox"/> <b>FILTERS</b>
<input checked="" type="checkbox"/> <b>HEATERS SAMPLE CHAMBER</b> +50°C	<input checked="" type="checkbox"/> <b>QUARTZ STANDARD</b>
<input checked="" type="checkbox"/> <b>FLOW DETECTOR</b>	<input checked="" type="checkbox"/> <b>CALIBRATION</b>
<input checked="" type="checkbox"/> <b>PUMP HIGH SPEED</b>	<input checked="" type="checkbox"/> <b>PRINTER</b>
<input checked="" type="checkbox"/> <b>INDICATOR LIGHTS</b>	
<input checked="" type="checkbox"/> <b>TIME AND DATE</b> 7:30            6/30/2009	
<input checked="" type="checkbox"/> <b>SIMULATOR TEMPERATURE (34 °C ± 0.2°C)</b> +34.10°C	
<input checked="" type="checkbox"/> <b>CALIBRATION CHECK -</b> Run three tests using a standard solution. All three tests must be within ± 5% of the standard value and must have a spread of .005 or less. Check the box corresponding to the standard solution being used. (PRINTOUT ATTACHED) (USE RECIRCULATION PUMP)	
<input type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE <input checked="" type="checkbox"/> 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE <b>(ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)</b>	

TEST 1             .039	TEST 2             .039	TEST 3             .039
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☒ **PERFORM R.F.I. TEST (PRINTOUT ATTACHED)**

☒ **NUMBER OF REFUSALS, SINCE LAST MAINTENANCE REPORT, AND NUMBER OF BREATH TESTS IN EACH RANGE AS FOLLOWS: (DO NOT INCLUDE SIMULATOR TESTS)**

REFUSALS	0	(0-.04)	0	(.05-.09)	0	(.10-.14)	0	(.15-.19)	0	(Over .19)	0
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List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary)

Upgraded firmware from version 12/15/99 to version 02/07/2009.

Guth Laboratories, lot #09010, expiring 1/6/2010

<b>INSPECTING OFFICER</b>	
SIGNATURE 	PRINT NAME <b>Terry L. Carroll</b>
TYPE II PERMIT NUMBER/EXPIRATION DATE <b>920079            4/22/2011</b>	TELEPHONE NUMBER <b>(573) 751-4722</b>



**GUTH LABORATORIES, INC.**

590 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-584-5470

### CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 09010 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography and found to contain 0.0482 percent (w/vol) ethyl alcohol. The expiration date for this lot number is January 6, 2010 at 11:59 PM.

When used in a calibrated Simulator, operating at 34°C +/- .2°C, this solution will give a breath alcohol analysis instrument reading of 0.04 percent BAC.

The alcohol and water used in this solution were free of test interfering substances.

Ted L. Pauley, President  
GUTH LABORATORIES, INC.

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

**BAC DataMaster**  
Evidence Ticket

MISSOURI STATE HIGHWAY PATROL  
BAC DATAMASTER SERIAL NUMBER 204160  
06/30/09  
07:49

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY  
PROGRAM (04-07-2009): OKAY  
HEATERS  
SAMPLE CHAMBER: 50c  
FLOW DETECTOR: OKAY  
PUMP  
HIGH SPEED: OKAY  
DETECTOR: OKAY  
FILTERS: OKAY  
QUARTZ STANDARD: OKAY  
CALIBRATION: OKAY

PRINTER TEST

!"#\$%&'()\*+,-./0123456789:;<=>?@AB[CDEF  
HIJKLMNPOQRSTUVWXYZ[\]^\_`abcdefg[hijklmno  
pqrstuvwxyz{|}~+

OPERATOR SIGNATURE

Card Stock No.  
60021

REORDER ALL SUPPLIES FROM N.P.A.S.  
P.O. BOX 1435, MANSFIELD OH 44901

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

**BAC DataMaster**  
Evidence Ticket

MISSOURI STATE HIGHWAY PATROL  
BAC DATAMASTER SERIAL NUMBER 204160  
06/30/09

TESTING OFFICER:  
CARROLL/TERRY/L  
OFFICER I.D.: C69  
PERMIT NUMBER: 920079  
EXPIRATION DATE: 04/22/11  
MISCELLANEOUS DATA:  
.100 CAL. CHECK

--- SUPERVISOR MODE ---

BLANK TEST	.000	07:52
INTERNAL STANDARD	VERIFIED	07:52
EXTERNAL STANDARD	.100	07:53
BLANK TEST	.000	07:53
EXTERNAL STANDARD	.100	07:54
BLANK TEST	.000	07:54
EXTERNAL STANDARD	.100	07:55
BLANK TEST	.000	07:55

N = 3

SIM. = .1

AVG. = .1

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

**BAC DataMaster**  
Evidence Ticket

MISSOURI STATE HIGHWAY PATROL  
BAC DATAMASTER SERIAL NUMBER 204160  
06/30/09

ARREST TIME: 01:00  
SUBJECT NAME:  
DOE/JON  
DOB: 01/02/00 SEX: M  
STATE/D.L.: MO/12345  
ARRESTING OFFICER:  
CARROLL/TERRY/L  
OFFICER I.D.: C69  
TESTING OFFICER:  
CARROLL/TERRY/L  
OFFICER I.D.: C69  
PERMIT NUMBER: 920079  
EXPIRATION DATE: 04/22/11  
MISCELLANEOUS DATA:  
RFI CHECK

--- BREATH ANALYSIS ---

BLANK TEST	.000	08:00
INTERNAL STANDARD	VERIFIED	08:00
RADIO INTERFERENCE		

State of Missouri  
DEPARTMENT OF HEALTH



P E R M I T  
TYPE II



TERRY L CARROLL

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field repairs, and operate the following breath analyzer(s):

DATAMASTER

for the determination of the alcoholic content of blood from a sample of expired (alveolar) air. Issued under the provisions of sections 577.020 through 577.041, RSMo 1986.

Date 04/22/09  
Number 920079  
Expires 04/22/2011

*John J Mathewson*

Director of State Public Health Laboratory

*Margaret T. Donnelly*

Director, Department of Health